

#21 req for
refund
08-18-02

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the **REISSUE PATENT APPLICATION** of:

Koiwai et al.

Reissue Appln. No.: 10/001,397

Filed: October 25, 2001

U.S. Patent No.: 5,978,160

Issued: November 2, 1999

For: LENS BARREL HAVING A FLARE
DIAPHRAGM WHICH CAN ADVANCE
INTO AND RETREAT FROM THE
OPTICAL PATH TO ELIMINATE
DELETERIOUS LIGHT RESULTING
FROM MOVEMENT OF THE LENS

Our File: IPO-P1132.1

Date: January 4, 2002

Group: Not Yet Known

Examiner: Not Yet Known

REQUEST FOR REFUND

Box 17
Commissioner for Patents
Washington, D.C. 20231

Sir:

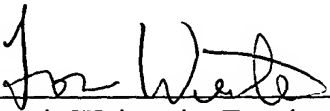
Pursuant to 37 C.F.R. §1.28(a), Applicants respectfully request a refund of **Six Hundred Ten Dollars (\$610.00)**. Applicants inadvertently submitted a Fee Transmittal (Form PTO/SB/17) for a new re-issue patent application together with a check in the amount of \$1,856.00. Applicants submit herewith a Reissue Application Fee Transmittal (Form PTO/SB/56), showing fees totalling \$1,246.00, entitling Applicants to a refund of \$610.00.

Applicant: Koiwai et al.
Application No.: 10/001,397

Please credit the refund to Deposit Account No. **22-0493**. Two copies of this communication are enclosed.

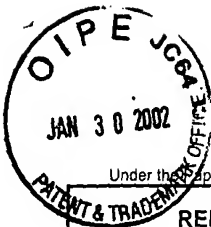
Respectfully submitted,

Koiwai et al.


By 
Louis Weinstein, Esquire
Registration No. 20,477
(215) 568-6400

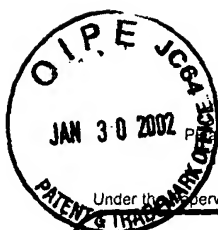
Volpe and Koenig, P.C.
Suite 400, One Penn Center
1617 John F. Kennedy Boulevard
Philadelphia, PA 19103

LW/fap
Enclosures



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | Docket Number (Optional) IPO-P1132.1 | | |
|--|---|-------------------------------------|---|---|--------------|---|---------------------------|----------|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) 23 | Total Claims (37 CFR 1.16(j)) | (B) 26 | **** 3 = | x \$ _____ = | or | x \$ 18.00 = | \$54.00 | |
| (C) 15 | Independent claims (37 CFR 1.16(i)) | (D) 18 | * 3 = | x \$ _____ = | | x \$ 84.00 = | \$252.00 | |
| Basic Fee (37 CFR 1.16(h)) \$ _____ | | | | | | | \$ 740.00 | |
| Total Filing Fee \$ _____ | | | | | | OR | \$ 1,246.00 | |
| Claims as Amended - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** 26 | MINUS | ** 23 | * = 3 | x \$ _____ = | | x \$ 18.00 = | \$54.00 |
| Independent Claims (37 CFR 1.16(i)) | *** 15 | MINUS | ***** 12 | = 3 | x \$ _____ = | | x \$ 84.00 = | \$252.00 |
| Total Additional Fee | | | | | | OR | \$306.00 | |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 22-0493. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | |
| January 4, 2002 Date | | | |  Signature of Applicant, Attorney or Agent of Record | | | | |
| | | | | Louis Weinstein, Esquire Typed or printed name | | | | |
| Reg. No. 20,477 | | | | | | | | |



Dep & REF Room 307

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031.

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|------------------|
| Application Number | 10/001,397 |
| Filing Date | October 25, 2001 |
| First Named Inventor | Kowai et al. |
| Group Art Unit | Not Yet Known |
| Examiner Name | Not Yet Known |
| Attorney Docket Number | IPO-P1132.1 |

Total Number of Pages in This Submission

7

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Reissue Application Fee Transmittal Form (PTO/SB/56) [in duplicate]. |
|--|--|---|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|-------------------------|--|-----------------|
| Firm or Individual name | Louis Weinstein, Esquire Volpe and Koenig, P.C. | Reg. No. 20,477 |
| Signature | | |
| Date | January 4, 2002 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

January 4, 2002

| | | | |
|-----------------------|--------------------------|------|-----------------|
| Typed or printed name | Louis Weinstein, Esquire | Date | January 4, 2002 |
| Signature | | | |

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